



Michigan Department of Health & Human Services

# Medicaid Health Plan Common Formulary

O c t o b e r 2 4 , 2 0 1 6

*Putting people first, with the goal of helping all Michiganders lead healthier  
and more productive lives, no matter their stage in life.*

# Panel Introductions

- **Kathy Stiffler** (Director - MDHHS Bureau of Medicaid Care Mgmt & Quality Assurance)
- **Dr. Debera Eggleston, DO** (Chief Physician - MDHHS Office of Medical Affairs)
- **Trish O'Keefe** (Director - MDHHS Pharmacy Mgmt Division)
- **Jennifer Walters, Pharm D.** (Molina Healthcare of Michigan)
- **Christopher Meny, R.Ph.** (Blue Cross Complete of Michigan)
- **Karen Jonas, R.Ph.** (Michigan Association of Health Plans)

# Purpose of the Meeting

- The purpose of our meeting today is to provide an opportunity for stakeholder engagement and clarification of content on the Medicaid Health Plan Common Formulary.
- Please note that this meeting is not intended to be a venue for pharmaceutical drug product-specific presentations.

# Format of Today's Meeting

- We will provide a general overview of the Medicaid Health Plan Common Formulary. There will be an opportunity after the presentation to ask additional questions. Feel free to ask questions throughout the presentation as well.
- We will ask that questions be put in writing to allow us to review and provide written responses after the meeting.
- To best utilize the time available today, please line up at one of the microphones when you are ready to read your question.
- After reading your written question(s) at the microphone, deposit the card(s) in the box

# Format of Today's Meeting

- Please write legibly! There are no limits on cards or questions (but read no more than two at a time unless instructed otherwise)
- If you do not wish to read your question aloud, but would like the facilitator to read it, turn the question(s) in at the box at the registration desk.
- Panelists may respond to questions during the meeting or may choose to defer a response pending further review.

# MHP Common Formulary

- A formulary that is common across all health plans for the current Comprehensive Health Plan contract.
- Required under Section 1806 of Public Act 84 of 2015.
- The Common Formulary only applies to pharmacy claims paid by Medicaid Health Plans - *it does not apply to Fee-for-Service paid claims.*

# Purpose of MHP Common Formulary

- Promote continuity of care
- Reduce interruptions in a beneficiary's drug therapy due to a change in health plan
- Streamline drug coverage policies and reduce administrative burden for providers
- Facilitate collaboration among health plans

# Website

- [Michigan.gov/MCOPharmacy](https://michigan.gov/MCOPharmacy)
  - Medicaid Health Plan Common Formulary
  - Prior Authorization Criteria
  - Standard Prior Authorization Form
  - Step Therapy Criteria
  - Medicaid Health Plan contact information



# MHP Common Formulary Project

- MDHHS convened a MHP Common Formulary Workgroup of representatives from current contractors. *See next slide for more details.*
- The Workgroup has made its recommendations to MDHHS on drugs to include in the MCO Common Formulary along with related Utilization Management.
- MDHHS has final approval authority.

# MCO Common Formulary Workgroup

- The contracted Medicaid Health Plan's Medical Directors and Pharmacy Directors were invited to participate in the Workgroup
- Survey responses received from Workgroup regarding professional experience:
  - 134 Years Practicing Medicine: (5 responses)
  - 337 Years Practicing Pharmacy: (15 responses)
  - 291 Years Pharmacy Administration (*including Formulary Development/P&T Committee/DUR Board*):
    - 217 Years (75%) Managed Care

# Workgroup Recommendations

- The recommendations made by the Workgroup to MDHHS included:
  - **Drugs** to include in the MHP Common Formulary
  - Utilization Management of included drugs
- The purpose of Utilization Management is to ensure the drug being used is medically necessary, clinically appropriate, safe for the patient, and a cost effective treatment option for the clinical circumstances. Examples of Utilization Management include, but may not be limited to:
  - Prior Authorization (PA), quantity limits, age/gender edits

# Drugs That Are Carved Out of Managed Care

Carve-Out drugs currently billed as a Fee-for-Service point-of-sale pharmacy benefit will remain unchanged, including but not limited to:

- HIV antivirals
- Behavioral Health/Psychotropics
- Select substance abuse treatments
- Hemophilia Clotting Factor
- Treatments for rare metabolic diseases

# Michigan Pharmaceutical Product List (MPPL)

- The Medicaid Health Plans are contractually required to have a process to approve physicians' requests to prescribe **any medically appropriate drug that is covered under the Michigan Pharmaceutical Product List (MPPL).**
- Exception: Those products on the MPPL that are carved-out and billed at point-of-sale as a Fee-For-Service pharmacy benefit

## Coverage Requirements

Contracted Health plans **may be less restrictive**, but not more restrictive, than the coverage parameters of the MCO Common Formulary.

- Health plans may cover additional drugs than those identified on the MCO Common Formulary
- Health plans may have utilization management tools that are less stringent than those on the MCO Common Formulary
- Health plans are still required to have a mechanism to cover medically necessary products on the MPPL

# MDHHS Public Health Initiatives

- Oral Contraceptives: 3-Month supply per fill
- Tobacco Cessation products
- Naloxone nasal spray to reduce effects of opioid overdose

# Products Covered As A Medical Benefit

- The Common Formulary includes drugs that are covered as an outpatient point-of-sale pharmacy benefit.
- Examples of products that are not identified on the Common Formulary because health plans continue to cover as a medical benefit including, but not limited to:
  - Physician-administered injectable drugs
  - Vaccines
  - Intrauterine Devices



# Vitamins and Supplements

- Prenatal vitamins are available for coverage for women of child-bearing age.
- Vitamin D, Folic Acid and fluoride are available for coverage for select ages and conditions.
- Additional select vitamins are covered only for members in the Children's Special Health Care Services (CSHCS) program as indicated on the Michigan Pharmaceutical Products List (MPPL).

# Transition to Common Formulary

- With the exception of drug therapies that were grandfathered, all members' drug therapies have been transitioned to the Common Formulary on September 30.
- **Protected Classes:** grandfathered x 12months
- **Maintenance Drugs:** 90-day transition supply
- **CSHCS Beneficiaries:** 90-day transition supply
- *For additional safety and continuity of care reasons, Health Plans can continue to allow additional transition time based on their clinical judgement related to member utilization and any prescriber impact analyses.*

# Transition to Common Formulary: Protected Classes

- Drugs in the following ‘protected’ classes received grandfather status:
  - **Antineoplastics**
  - **Immunosuppressants**
  - **Disease-Modifying Medications for Multiple Sclerosis**

*Note: Carved-Out/ Billed FFS:*

- *Anticonvulsants, Antiretrovirals, Antipsychotics, and Antidepressants*
- Health plans must allow beneficiaries to remain on drugs in these protected classes for 12 months regardless of whether the drug is non-covered or covered with prior authorization on the MCO Common Formulary.
- After **12 months** the health plan may require prior authorization for the beneficiary to continue coverage of grandfathered drugs
- *The health plan carve-outs/billed as a FFS pharmacy benefit are not impacted by the MCO Common Formulary Transition*

# Maintenance of Common Formulary

- The MHP Common Formulary Workgroup led by MDHHS meets on at least a quarterly basis to discuss new drug products and routine review of certain drug classes.
- The contracted Medicaid Health Plans' P&T Committees' recommendations are presented by their Workgroup representative(s)
- This is the third in-person Common Formulary Stakeholder Meeting that MDHHS has held, and MDHHS continues to support holding annual in-person stakeholder meetings on the Common Formulary

## Public Comment: Formulary Maintenance

- The public is encouraged to submit written comment on drug coverage determinations to be reviewed by MDHHS and the Workgroup during the quarterly meetings.
- Please refer to the MDHHS quarterly request for public comment for details.

# Questions

- Are there any additional questions?